### DECLARATION AND POWER OF ATTORNEY - ORIGINAL APPLICATION

Attorney's Docket No. 81087759

As a below named inventor, I hereby declare: My residence, post office address and citizenship are as stated below next to my name; I verily believe I am the original, first and sole inventor or an original, first and joint inventor of the subject matter that is claimed and for which a patent is sought on the invention entitled Method To Facilitate Failure Modes And Effects Analysis the specification of which is attached hereto. I have reviewed and understand the contents of the specification identified above, including the claims. I acknowledge my duty to disclose information of which I am aware that is material to the examination of this application in accordance with Section I.56(a), Title 37 of the Code of Federal Regulations; and as to application for patents or inventor's certificate on the invention filed in any country foreign to the United States of America, prior to this application by me or my legal representatives or assigns, Х no such applications have been filed, or such applications have been filed as follows: I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below APPLICATION NO. DATE OF FILING COUNTRY DATE OF ISSUE **PRIORITY** Additional (month, day, year) CLAIMED (month, day, year) provisional **UNDER 35 USC 119** application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. I hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s) or § 365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. § 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR § 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application. (Filing Date) (Status - patented, pending, abandoned) (Application Number) (Filing Date) (Status - patented, pending, abandoned) (Application Number) POWER OF ATTORNEY: - I/we hereby appoint Practitioners at Customer No. 28395, as my/our attorney(s) or agent(s) to

prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office and all

foreign Patent Offices.

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### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Richard Liddy, et al.

Serial No.: To Be Assigned

Filed: Filed Herewith

For: METHOD TO FACILITATE FAILURE MODES AND EFFECTS ANALYSIS

Attorney Docket No.: 81087759

# **CONSENT LETTER**

Commissioner for Patents U.S. Patent & Trademark Office P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

The attorney identified below has reviewed this application and its attachments and consents to its electronic filing.

Respectfully submitted,

Richard Liddy, et al.

By:

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Date: 11-25-03

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